

Application for permission to use Community House Facilities

Name: _____ Telephone: _____

Address: _____

Group/Organization: _____

Date(s) and Times requested: _____

Number attending (approximate): _____

Type of space requested (i.e. Auditorium, Conference Room (in back), Kitchen,
Library, or Selectmen)

Reason for use of space: _____

Amount of fee enclosed: _____

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Please note all scheduling is done on first come – first served basis upon receipt
of fee.

See attached fee schedule and rules for Community House use.

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Please return completed application along with fee to Community House

Coordinator:

Brenda Emerson-Camp, Town Clerk

Cummington Community House

P.O. Box 128, 33 Main Street

Cummington, Ma 01026

